

Note: This is a sample template, it is not an OMB approved form.

### Universal 911 Dialing- First Transition Report

Please read instructions before completing

#### Section 1

##### Carrier Identification Information

Parent Company Name

CHICKASAW HOLDING COMPANY

Service Provider Name

CHICKASAW TELEPHONE COMPANY

Company Address, City, State, Zip

124 West Vinita,  
P.O. Box 460  
Sulphur, OK, 73086

Service Provider Type

☐ Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

Larry D. Jones, CPA

Contact Tel #

580-622-2111 ext. 235

Fax #

580-622-2177

E-mail Address

ldjones@brightok.net

#### Section 2

##### Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Murray County, Oklahoma  
Garvin County, Oklahoma

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

No statewide answering point exists at this time and no local response point has been identified. We are waiting a designation of a statewide or local response point from the Governor's office.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

We are currently waiting for a designation of a statewide or local response point. Our switching staff are ready to do the translations and routing as necessary once a response point has been designated.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

We currently have no projected date for completion, but will be able to complete the transition quickly once a response point has been designated.

### Section 3

#### 911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

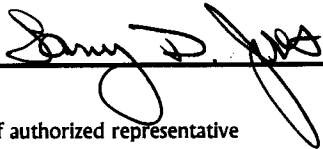
(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

- ☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.
- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of \_\_\_\_\_.

Signature



Printed name of authorized representative

LARRY D. JONES, CPA

Title

TREASURER

Date

3/6/02

This filing is:

☒ original filing

☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.